County of Nelson

EMPLOYER'S MONTHLY RETURN

Form 501M

2. Amount on line 1 subject to Nelson County Fee	
3. Nelson License Fee Payable (1/2% of line 2)(line 2 multiplied by .005)	
4. Penalty	
5. Interest	
6. Total Amount Due (sum of lines 3, 4, and 5)	
7. Total Number of Employees subject to Nelson License Fee this month.	
EMPLOYER'S NAME AND ADDRESS	
C	
FED ID #	
I declare that is a true, correct and complete return for the month ending	
Signature	
Date	
Nelson Occupational License Administrator	
One Court Square STE 202 PO Box 578	

INSTRUCTIONS

The return is for a period of one calendar month and is due on or before th 10th day of the following month.

Employers with 50 or more employees are required to file monthly returns, together with withholdings payments

Line 1. Enter the total compensation paid during the month, regardless of where earned.

Fax 502-348-1897

1. Total Salaries, wages, commissions and other compensation paid employees this month

- Line 2. Enter the amount included in line 1 which represents earnings subject to the Nelson County license fee. The employer must maintain adequate records to substantiate this amount.
- Line 3. Enter the amount of line 2 times .005

Bardstown, KY 40004

502-348-1895

- Line 4. A penalty of 10% is imposed for License Fees not paid when due.
- Line 5. Interest accrues on unpaid license fees at a rate of 6% per annum from the due date of the return until paid.